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Health Planning

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Annual Service Plan Report

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Accountability Statement

The 2002/03 Ministry of Health Planning Annual Service Plan Report was prepared under my direction and in accordance with the *Budget Transparency and Accountability Act*. This report compares the actual results to the expected results identified in the ministry's 2002/03 Service Plan. I am accountable for the ministry's results and the basis on which they have been reported.

Honourable Sindi Hawkins
Minister of Health Planning

June 23, 2003

BRITISH COLUMBIA

Ministry of Health Planning

I am pleased to present the 2002/03 Annual Service Plan Report for the Ministry of Health Planning. Throughout the year, our government has worked with BC's health authorities, health professionals, and other partners to plan for a more effective, sustainable health system for the future.

This report highlights the key objectives, achievements, performance measures and strategies of the ministry and health system — and shows the progress that we've made during the past year. This report builds on the success of our achievements and reforms, initiated in 2001, to build a better-managed health system.

Since June 2001, the provincial government has made many innovations and improvements, reflecting our vision to create a publicly-funded health services system that first and foremost provides timely, accessible, high quality, patient-centred care. This vision includes greater efforts to support the health of British Columbians through chronic disease management tools, and prevention and wellness programs.

This government's *New Era* platform outlined 46 specific health-care measures. We have already completed or begun work on almost every one of the commitments, including creating a simpler, more efficient health authority structure that is accountable to the government — and to the public.

Since the Ministry of Health Planning was created in June 2001, my ministry has taken significant, far-reaching steps to address challenges arising from years of poor planning and management. We have worked hard to plan and implement long-term strategies for health human resources, health infrastructure, information technology, rural and remote health initiatives, and strategies for prevention and chronic disease management.

All these initiatives have a single purpose: to ensure we're using our health care resources in effective ways that improve the health of our citizens.

Our government is committed to working with health authorities, health professionals and other partners to achieve our vision for a more responsive, sustainable health care system in British Columbia.

The goals, objectives, strategies, and achievements that we are presenting in this annual service plan report are testimony to our commitment.

Sindi Hawkins

Honourable Sindi Hawkins
Minister of Health Planning

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Introduction

The 2002/03 fiscal year marks the second year of activity directed to meeting government's goal of creating a patient-centred public health care system that provides accessible, high-quality services, improves health and wellness, and is sustainable over the long term.

Building on the work started in 2001/02 to consolidate health authorities, clarify roles and responsibilities, and establish clear accountability for outcomes, the ministries worked this year to strengthen the current health system, while making it more adaptable to changing needs.

Efforts in the Ministry of Health Planning focused on putting in place the building blocks for a responsive, sustainable and well-managed health system by creating the policy, budgetary and legislative frameworks needed to address current and future challenges and enable the health system to move forward on a strong, evidence-based foundation.

At the same time, the Ministry of Health Services centred on ensuring BC's health care providers received the information, direction and corporate support needed to ensure British Columbians received timely, appropriate and accountable care in their communities and health facilities, within an affordable provincial framework.

The November 2002 release of *The picture of health: How we are modernizing British Columbia's health care system* provided the public and health care community with a detailed description of the direction BC's health care system will be moving over the coming years. In 2002/03, the Ministry of Health Planning concentrated on working with health care providers, plus diverse health experts and academics, patients and interest groups, and decision-makers at all levels, to determine the best paths to follow to achieve that direction.

Year-at-a-Glance Highlights

Providing the right care in the right setting . . .

Service redesign efforts this year focused on shifting the mix of services and care providers to ensure patient care is delivered at the most appropriate level and setting. These efforts will help create an integrated network of services that will allow patients to get the care they need and to move seamlessly between settings and providers. To facilitate this:

- In April 2002, BC's new health authorities release *Health Service Redesign Plans* outlining their strategies to begin creating a seamless high-quality and sustainable network of care for patients in their communities.
- April also sees the introduction of the *Residential Access Policy,* marking a major shift toward providing access to the province's residential care facilities based on need, and ensuring spaces are available to the people who need them most.
- In September 2002, construction begins on a *new mental health facility in Kamloops* and *Seven Oaks Mental Health Facility* opens in Victoria, as part of the province's plan to ensure people with mental illness have increased access to care in their communities. In March, the following year, an expanded psychiatric unit at St. Joseph's Hospital in Comox is opened.
- In November 2002, the *Community Care and Assisted Living Act* passes, modernizing the regulation of community care facilities and supporting the development of assisted living units. The recently opened 59-unit Nikkei Home in Burnaby provides a tangible example of how these care arrangements will respond to seniors' demands for a wider variety of flexible options.
- Also in November 2002, BC receives $74 million in a federal funding commitment over four years to develop sustainable improvements to *Primary Health Care* and increase patient access to comprehensive, high-quality services in doctors' offices and community clinics — the usual "first points of contact" with the health care system.
- And in February 2003, *a $53.5 million benefits and incentives package* is rolled out to attract doctors to rural communities and improve access for patients living there.

Providing the right care to the right people . . .

Work was also undertaken this year to improve access to specialized care for British Columbians with specific illnesses. For example:

- In April 2002, *a comprehensive Chronic Disease Web site* is launched, designed to help both patients and providers with the prevention and management of common chronic diseases. This year, work is also completed on a patient registry for diabetes, as well as clinical practice guidelines for diabetes and for Hepatitis B and C.

- In November 2002, the *Interior Health Tele-Imaging System* is officially launched in Kamloops, allowing medical images to be transferred digitally and giving patients in the Interior faster access to expertise and information.
- And in March 2003, a *Provincial Strategy for Emergency Room Services* is launched, highlighting work coordinated by the Provincial Health Services Authority to improve the effectiveness and accessibility of emergency department services.

Keeping people as healthy as possible . . .

This year, the ministry also intensified efforts to protect and promote a healthier population — with the goal of improving public health and the sustainability of BC's health system over time. Specific highlights include:

- A comprehensive $16 million action plan to strengthen *drinking water protection* and safeguard public health and safety is announced in June 2002.
- *More than 27,000 BC First Nations Health Handbooks* — designed to address unique health care needs and increase awareness of the BC NurseLine — are distributed to First Nations households, band council offices, and friendship centres in January 2003.
- In February 2003, the province's *immunization program expands* to better protect children at high-risk for bacterial meningitis, ear and throat infections, and pneumonia, through an additional $18 million funding commitment. This program will be fully implemented in 2005/06.
- And in March 2003, when the outbreak of Severe Acute Respiratory Syndrome (SARS) presents an unexpected national challenge, *BC's integrated planning and public health platform* allows it to respond quickly and comprehensively to contain the impact of this public health threat. Shortly after, investments in health research pay off when British Columbia researchers lead the world to map the genetic structure of the SARS virus.

Managing the health system within budget . . .

In keeping with the commitment to make BC's health system sustainable over the long term, the ministries and health authorities explored a wide range of options and alternatives to improve the efficiency and effectiveness of service delivery, while maintaining accountability to British Columbians. This includes determining how to engage private sector innovation and expertise within a publicly funded and administered health care system. Specifically:

- In December 2002, after extensive consultation, government retains therapeutic substitution as an effective measure to *protect public access to important classes of drugs*, while committing to a broad review of PharmaCare and working with the industry and health professionals on other cost-containment strategies.
- In January 2003, government moves forward with the *creation of a long-awaited hospital and cancer centre in Abbotsford* through a unique public-private sector partnership. This arrangement allows limited public resources for capital projects to be leveraged through private sector involvement, while protecting the public health system. The year also

sees the creation of the *Patient Service Delivery Policy Framework*, allowing the ministry to partner with the private sector in the provision of certain clinical services within the framework of the *Canada Health Act*.

- And in February 2003, *Fair PharmaCare* is announced, modernizing the provincial drug insurance plan to make it more equitable and ensure financial assistance with prescription drug costs and other medical supplies is available to those families who need it most.

Planning and support to strengthen our health system . . .

2002/03 marked a significant shift in the way the Ministries of Health collect and report information, and how they use that information for health planning decisions. These decisions can range from how to treat depression effectively, to how health services are used in various regions. BC made significant progress this year providing both information and investments in infrastructure to support the health system. For example:

- September 2002 sees the release of *nationally agreed upon health indicators* for the first time ever. BC was able to report on more indicators than any other jurisdiction, with evidence showing British Columbians were generally healthy and had a quality health system on which they could depend. This report, entitled "How Healthy are We?" is available on the Ministry of Health Planning's Web site in both detailed and summary versions.
- In October 2002, the Minister of State for Mental Health releases *the Provincial Depression Strategy Report and the Provincial Anxiety Disorders Strategy Report*, outlining innovative and effective ways to increase awareness and deliver services.
- Also, over the last year, government announces *$134 million to expand medical school facilities* at the University of British Columbia and establish satellite medical programs at the University of Northern British Columbia and the University of Victoria.
- In December 2002, *$21.5 million is made available to educate, recruit and retain nurses*, including $10.7 million from the Ministry of Advanced Education. These dollars fund several initiatives, including new nursing education seats, grants for approximately 200 nurses to take upgrading or refresher courses to return to the nursing profession, and specialty or continuing education opportunities for over 1,000 nurses. Also this year, health science education seats are increased for allied health workers such as medical imaging technologists, medical laboratory technologists and resiratory therapists. As well, new education spaces are provided for midwivery and resident care attendants.
- And in February 2003, health experts from around the world meet with the minister, key stakeholders and decision makers in BC to add advice and expertise to the BC health planning process. A comprehensive *Industry Analysis and Summary of Expert Input* is compiled for the ministry's public Web site.
- In February 2003, in further support for evidence-based health care, $8 million was provided to the Michael Smith Foundation for Health Research to conduct research for improving the effectiveness of health care reforms.

Ministry Roles and Services

Introduction

Since June 2001, the government has introduced major reforms to improve patient care and modernize BC's health care system. These include innovations and improvements to achieve the following goals for health care:

- To provide high quality, patient-centred care;
- To improve the health and wellness of British Columbians; and
- To create an affordable, sustainable health services system.

BC's health services system was designed for an earlier era with services and care focused on sudden acute care needs. Over the years, an aging population and an increase in chronic diseases have put new demands on our health system. We are now focused on creating a flexible, adaptable system to meet the diverse and changing needs of British Columbians.

The Ministries of Health Planning and Health Services share a common vision, mission, values, goals and objectives. Although both ministries work towards shared goals and objectives, each has unique roles and responsibilities, as expressed by the different service plan strategies each is following to achieve them.

Ministry Vision, Mission and Values

Vision

A health system that ensures high quality public health care services that meet patients' needs, where they live and when they need them.

Mission

To guide and enhance the province's health services to ensure British Columbians are supported in their efforts to maintain and improve their health.

The top priorities are saving and renewing public health care and providing high quality public health care services that meet patients' most essential needs.

Values

Consistent with the principles of the *Canada Health Act*, our values define our organizational behaviour:

Patient and Consumer Focus *which respects the needs and diversity of all British Columbians.*

Equity *of access and in the quality of services delivered by government.*

Access *for all to required health services.*

Effectiveness *of delivery and treatment leading to appropriate outcomes.*

Efficiency, *providing lowest cost consistent with quality services.*

Appropriateness, *providing the right service at the right time in the right place.*

Safety *in the delivery of health services to minimize the risks to the health and safety of British Columbians.*

Goals

The Ministries of Health Planning and Health Services share the following goals:

1: High Quality Patient-Centred Care

Patients receive appropriate, effective, quality care at the right time in the right setting and health services are planned, managed and delivered around the needs of the patient.

2: Improved Health and Wellness for British Columbians

Support British Columbians in their pursuit of better health through protection, promotion and prevention activities.

3: A Sustainable, Affordable Public Health System

A planned, efficient, affordable and accountable public health system, with governors, providers and patients taking responsibility for the provision and use of these services.

Ministry Overview

In recognition of the importance of long-term planning and management of the health system, in June 2001 the government created a new Ministry of Health Planning. The role of the ministry is to develop and articulate expectations of health system performance and monitor the health of British Columbians.

In 2002/03, the BC government increased funding for health services by an additional $1.1 billion — to a total of $10.4 billion. This represents 40.6 per cent of total government spending, the highest health budget ever in BC.

Ministry Operating Context

Environmental Scan

BC faces a number of challenges in creating a health system that provides quality, appropriate care that meets the changing and diverse health care needs of British Columbians.

Demographic Trends

- BC's population will increase by 39,000 persons in 2003 and 49,000 in 2005.
- BC residents' median age continues to increase from 35.5 years in 1995 to 39.7 years in 2005.
- The number of BC residents over 65 increases annually and will comprise 13.8 per cent of the population in 2005.
- There will be a decrease in both the number and proportion of BC residents under 19 years of age.
- The health sector's workforce is aging.

Fiscal Challenges

- Annual growth in BC's health care costs puts pressure on health budgets — even with new federal multi-year funding.
- Increasing demand for health care and resources, fuelled by a growing and aging population, higher service expectations and inflation.
- Uncertainty with performance of the provincial economy, public demand and provider supply add to challenges of effective planning.

Key Cost Drivers

- Wage and benefit pressures across the health sector.
- Rapidly rising pharmaceutical costs.
- Emerging illnesses and new treatments increase health care costs.
- Pressure from the public and providers for government to fund new technologies, prescription drugs and clinical interventions.
- Necessary investments in updating and purchasing new facilities or equipment.
- Changing demographics in BC — a growing and aging population.

Challenges and Risks

- Health care planning is impacted by emerging diseases, population growth, changes in demographics, health human resources, clinical practices and new technologies. For example, a flu epidemic or new cases of Severe Acute Respiratory Syndrome (SARS) would change patients' immediate health care needs.
- Attracting and retaining highly qualified health professionals at a time of global shortages of care providers.
- The focus on "patients first" requires a shift in management and provider culture.
- Managing the health care system and the restructuring of the Ministries of Health during a period of fixed health system budgets.

Implications for the Ministries of Health

The goal of health care renewal in BC is to address these very challenges while providing a responsive and well-managed health care system. This renewal process is also designed to ensure sustainability of BC's system in the face of looming cost drivers and increasing demands for services by a growing and aging population.

The restructuring of the health ministries and the health authorities in 2001/02 has been an important first step. It helped to clarify roles and responsibilities of all the health system partners. The Ministries of Health have expertise in health care planning and management and are building stronger relationships with health system partners, who deliver health services. Capitalizing on these two strengths will be critical to delivering quality care and modernizing the health system for the 21st century. In particular, the ministry is:

- Using planning and projection tools to forecast services required to meet the health care needs of all British Columbians, in the short and long term;
- Involving experienced staff and external experts with extensive knowledge of the issues facing BC's health system;
- Introducing innovative planning and management practices;
- Developing and implementing standards of care and accountability to improve the delivery of health services and patient outcomes;
- Leading, monitoring and reporting on system performance and accountability;
- Clarifying and updating the policy and legislative framework for the health sector;
- Fostering cooperative working relations with health system partners and among various ministry areas;
- Building relationships with other ministries in BC and ministries in other provinces and territories to coordinate services; and
- Streamlining the Ministries of Health to focus on core businesses and priority issues.

The 2003/04 - 2005/06 service plans for both ministries present the three-year plan for meeting health care goals and objectives. These reports are available at www.gov.bc.ca/healthplanning/ or www.gov.bc.ca/healthservices/.

Strategic Shifts and Significant Policy Changes

The year 2002/03 was a significant year for health care in Canada. Over the past few years, all jurisdictions as well as providers and patients have expressed concerns about the future of health care in Canada. In BC, the report of the Select Standing Committee on Health, *Patients First 2002: The Path to Reform*, December 2002, assessed reform to date in BC and recommended further changes based on the concerns of British Columbians. In early 2003, a series of high profile, public reports on health care culminated in a new federal-provincial Accord that restates and redefines the direction of the Canadian health care system.

The creation of a ministry exclusively focused on health planning was key to British Columbia's ability to focus on the important issues being raised. In turn, this allowed the province to develop complementary structural, policy, and legislative approaches to address the complex issues facing the system.

In 2002/03, the ministry used the tools of policy development, legislation, planning approaches and support for research to shape the environment within which services are provided. This environment is now:

- More manageable within a streamlined health authority structure;
- Able to provide higher quality services. The insistence on evidence-based care, the support for research to determine best evidence and the requirement for quality outcomes are changes that will improve the quality of patient care;
- More accountable and transparent. Through change in policy, legislation and the further refinement of service plans, all aspects of health care are more accountable and transparent; and
- More sustainable. The focus on planning allows us to design services we know we can afford because we have more accurate planning information and reliable delivery systems.

Update on *New Era* Commitments

In June 2001, the Premier gave the Minister of Health Planning the responsibility of implementing 25 of the government's *New Era* Commitments. Please refer to **Appendix 4** for the status of each of these *New Era* Commitments.

Core Business Areas

At the beginning of 2002/03, the Ministry of Health Planning had three core business areas: Office of the Provincial Health Officer and Population Health and Wellness; Strategic Change Initiatives; and Planning, Policy and Legislation. These represented the three divisions of the ministry.

During the year, the Ministries of Health redefined their core businesses to better reflect the functions of the provincial health care system as a whole, as well as the different roles of the

ministries and their partners within the system. As a result, previous ministry functions were integrated into three new core business areas, which are now shared by both ministries:

- Services Delivered by Partners
- Services Delivered by the Ministry
- Stewardship and Corporate Management

The Ministry of Health Planning has direct responsibility in two of these core businesses "Stewardship and Corporate Management" and "Services Delivered by Ministry" (Vital Statistics Agency). For reporting brevity, the remaining core business "Services Delivered by Partners" is reported only in the Ministry of Health Services Annual Service Plan Report.

Stewardship and Corporate Management

The ministries' primary function is stewardship over the health care system. This includes providing direction and support to our partners, and monitoring and evaluating the impact of services delivered to the public. To be good stewards, the ministry must also provide good corporate management to ensure that its own administration is run as efficiently and effectively as possible. To fulfill its stewardship function, the Ministry of Health Planning is organized under the following areas:

Planning, Policy and Legislation

The Planning, Policy and Legislation division works with the Ministry of Health Services, health authorities and other partners both within and outside government to create policy, legislation, and planned approaches to strengthen the quality and sustainability of health care services at all levels. Strengthening health care services includes developing appropriate and informed policy and legislation, working with the self-regulated professions to ensure patient safety, supporting evidence-based services and the research that will inform such services, and working with other governments on projects designed to improve quality and accountability. Finally, the division works with partners in the area of health human resource planning to ensure an adequate supply of appropriately trained, satisfied health care providers able to provide high quality care.

Strategic Change Initiatives

The Strategic Change Initiatives Division oversees projects designed to improve quality, accessibility or efficiency of the health care system. This division works with provincial ministries, health care providers, administrators and researchers, and provides project management expertise for all areas of the Ministries of Health Planning and Health Services. The division is also responsible for the development of the long-term plan for BC's public health care system, and strategic planning for mental health and addictions and home and community care services.

Office of the Provincial Health Officer (PHO)/Population Health and Wellness

As detailed in the *Health Act,* the Provincial Health Officer provides independent advice to government on health issues, monitors and reports on the health of British Columbians, identifies the need for legislation or changes in policy or practice, and works with the BC Centre for Disease Control and provincial medical health officers to fulfill their legislated mandates. It also includes the Prevention and Wellness Division, which develops and evaluates provincial strategies to improve the health of British Columbians and reduce future demands for health services.

Services Delivered by Ministry

Vital Statistics Agency

The Vital Statistics Agency provides a system for the registration and certification of vital events for the Province of British Columbia. The agency's mandate is established in a number of pieces of legislation including the *Vital Statistics Act,* the *Marriage Act,* and the *Name Act*. The agency fulfills a direct public service role by providing vital event certificates and documents to the public. The agency also provides vital event data, statistical reports, and health status indicators to support the needs of the ministry, the provincial and federal governments, and regional health care administrators and researchers in managing health-care initiatives.

Performance Reporting

Overview

In February 2002, the Minister of Health Planning tabled the ministry's 2002/03 - 2004/05 service plan in the Legislature, marking the first time a three-year, transparent accountability planning framework had been introduced in the health sector.

Overall, the ministry made considerable progress in implementing its strategies and achieving its performance objectives, meeting nearly all of its 2002/03 targets. Also of importance is the greater understanding the ministry has gained of the availability of data and the timeliness with which it can be reported, and the most appropriate venues for reporting health information.

By continuing to refine the manner in which the ministry collects data, reports information and liaises with key provincial, national and international data sources, BC will ensure the performance targets set in the service plans for the Ministries of Health continue to evolve and have meaning for British Columbians. Where changes occur in these measures from year to year, they will be duly reported in the service plan and the annual service plan report.

Interpreting the Results

The following section details the ministry's progress in implementing its 2002/03 service plan strategies and in achieving its performance measure targets. The reader is encouraged to use the following key to interpret the results.

Strategies: Implementation Status	Performance Measures: Assessment Against Target
Completed — strategy was completed in 2002/03.	**Completed** — 2002/03 target was achieved.
Ongoing — the strategy is now part of the ongoing operational activities of the ministry.	**Underway** — significant progress was made towards the target.
Underway — strategy was initiated in 2002/03.	

Ministry Goals, Objectives, Key Strategies, and Performance Measures

Goal 1: High Quality Patient-Centred Care

Patients receive appropriate, effective, quality care at the right time in the right setting and health services are planned, managed and delivered around the needs of the patient.

Objective 1: Sound planning, policy and legislative framework for the health care system, based on need.

Strategies:	
• Use information on population health needs and status in planning of patient care.	Ongoing
• Develop recommendations for an appropriate governance model for licensing functions.	Underway
• Develop a framework for the delivery of provincial programs.	Completed
• Establish health service framework to identify and communicate government expectations and standards in a number of key areas, including all health services regulated through provincial legislation.	Completed

Strategic Highlight: **With the establishment of a Leadership Council, senior staff from both ministries and health authority CEOs have an opportunity to meet monthly and plan for the coherent delivery of patient services within a provincial framework. The creation of a Performance Measurement and Improvement Division within the Ministry of Health Services helps to streamline communications and strengthen reporting relationships.**

Performance Measures

Measure	2002/03 Target	2002/03 Actual	Comments
Long-term plans for the health sector completed for specified areas.	Health Human Resource Plan design and consultations completed.	Completed	For the past two decades, BC has been overly reliant on other jurisdictions to provide trained health professionals. It is moving to address the significant health human resource gaps that have emerged as a result. Particular attention is being paid to training professionals in rural and remote areas of the province, based on evidence that shows providers who train in these areas will often continue to practice there. BC is also supporting initiatives — such as the innovative College of Health Disciplines at UBC — that encourage health providers to work as a team to ensure British Columbians get the care they need.

Ministry Goals, Objectives, Key Strategies, and Performance Measures

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Key Achievements: Health Human Resource Strategies

The ability to provide sustainable, high quality care is dependent on our ability to plan effectively as a province and as a nation to ensure necessary resources are in place. BC took a leadership role on several human resource planning initiatives this year, including:

- Organizing the first Western Health and Education Forum for government planners to begin coordinating planning and training initiatives and developing approaches that encourage young people — including aboriginal youth — to enter the health professions.
- Co-leading the federal/provincial/territorial Advisory Committee on Health Delivery and Health Human Resources, which is working to develop cross-country approaches to health human resource planning.
- Chairing the BC Health Human Resources Advisory Committee (HHRAC) that includes representatives from post-secondary institutions, unions, professional associations, health authorities and government ministries, aimed at improving the availability and distribution of health care providers.
- Partnering with health authorities, the Ministry of Advanced Education, the Faculty of Medicine at the University of British Columbia, the University of Victoria, and the University of Northern British Columbia to plan the expansion of the Medical School.
- Establishing the BC Academic Health Council to enhance the collaboration between universities and health care institutions.
- And developing the Provider Registry — an information system for western Canada which uniquely identifies doctors, nurses, and pharmacists and which is a key element in the development of an electronic patient record.

Goal 1: High Quality Patient-Centred Care

Patients receive appropriate, effective, quality care at the right time in the right setting and health services are planned, managed, and delivered around the needs of the patient.

Objective 2: Clearly defined provincial standards for equitable and timely access to health care services.

Strategies:	
• Develop provincial standards of access for selected services (i.e. primary care and chronic care).	Underway

Performance Measures

Measure	2002/03 Target	2002/03 Actual	Comments
Access standards developed for selected services.	1) Select priority services for access standard development. 2) Complete consultation with relevant stakeholders.	1) Completed 2) Underway	Provincial access standards for three levels of acute care — emergency, inpatient services, specialty care and residential care — implemented and available on the ministry's Web site. Provincial Health Services Authority currently working with health authorities and the ministry to develop standards and best practices to improve access to and use of hospital emergency services and surgical/ procedural services.

Key Achievement: Primary Health Care Renewal

Consistent with the goal of quality care provided in the appropriate setting, Primary Care Renewal initiatives are being aligned with overall health system redesign plans.
In 2002/03, British Columbia received a $74 million funding commitment over four years from the federal government to support improvements in patient access to primary care or "first point of contact" care with the health system. Recognizing the diversity of needs around the province, BC has taken a health authority-led, flexible approach to reform. Health authorities have engaged with their primary care provider communities to complete their planning, and in 2003/04 will be moving forward with a wide array of initiatives to enhance access, integrate services across sectors, and relieve pressure on acute and emergency room services.

Goal 1: High Quality Patient-Centred Care

Patients receive appropriate, effective, quality care at the right time in the right setting and health services are planned, managed and delivered around the needs of the patient.

Objective 3: Clearly defined provincial standards for quality health care delivery.

Strategies:	
• Develop a quality assurance policy for regulated health professions.	Underway
• Develop provincial quality standards for selected services.	Underway

Strategic Highlights: **This year the ministry worked with the Ministry of Children and Family Development, Children's and Women's Health Centre and Sunnyhill Hospital, plus a stakeholder advisory group, to develop a coordinated approach to the provision of high quality, evidence-based assessments for children with autism — the first step in mobilizing a network of skilled providers to provide assistance to children with autism and their families in their own communities.**

Performance Measures

Measure	2002/03 Target	2002/03 Actual	Comments
Quality standards developed for selected services.	1) Select priority services for standard development. 2) Complete consultation with relevant stakeholders.	1) Completed 2) Completed	Based on the availability of strong data, and reflecting the critical importance of these services for British Columbians, the ministry has selected cardiac and cancer care as the initial services for quality standards development. This work will be done in collaboration with partners such as the Provincial Health Services Authority and the BC Cancer Agency, and involve ongoing consultation with key stakeholders. Additional quality standards have been developed for mental health (anxiety strategy) and home and community care (best practice guidelines for palliative care).

Goal 1: High Quality Patient-Centred Care

Patients receive appropriate, effective, quality care at the right time in the right setting and health services are planned, managed and delivered around the needs of the patient.

Objective 4: Inclusion of patient and public perspectives in health planning and policy development.

Strategies:	
• Identify mechanisms to determine patient and public perspectives and satisfaction.	Underway

Performance Measures

Measure	2002/03 Target	2002/03 Actual	Comments
Mechanisms established to determine patient satisfaction.	Complete development of mechanisms for measuring patient satisfaction.	Completed	Recognizing the importance of having comparable data, the ministry worked with colleagues across the country to develop an evidence-based methodology to assess public perspectives and patient satisfaction. Testing and validation of the survey instrument is now in progress.

Goal 2: Improved Health and Wellness for British Columbians Support British Columbians in their pursuit of better health through protection, promotion and prevention activities.	
Objective 1: Identify preventable health conditions and high-risk health behaviors.	
Strategies: • Set expectations to require health authorities to provide effective and targeted prevention programs.	Underway

Performance Measures

Measure	2002/03 Target	2002/03 Actual	Comments
Development of a new *Public Health Act*.	Revision of 3 public health acts (*Drinking Water Protection Act*, *Food Protection Act*, and *Community Care Facility Act*).	Completed	BC continues to play a leading role in public health and safety, introducing a new *Drinking Water Protection Act* and a new *Food Protection Act*. This year also saw significant revisions to an antiquated *Community Care Facility Act* to modernize the regulation of care facilities and support the development of alternative, flexible care options for seniors, such as Assisted Living.
Monitoring with respect to the Provincial Health Officer's recommendations.	Action taken on HIV reporting recommendation.	Completed	HIV was added to the list of reportable communicable diseases under the *Health Act* Communicable Disease Regulation.

Key Achievement: Provincial Immunization Program

Making new but costly vaccines readily available is a challenge for all jurisdictions in Canada. While BC continues to work vigorously for federal funding toward a national childhood immunization plan, it moved forward unilaterally this year with introduction of two vaccines to treat conditions that cause significant harm to children in this province. With dedicated funding of more than $18 million annually, when fully implemented, BC is absorbing the costs of buying and administering meningococcus C and pneumococcus vaccines to vulnerable populations. By these actions, the province hopes to reduce incidences of bacterial meningitis, and address the hundreds of childhood ear and throat infections, pneumonias, doctor visits, and hospitalizations caused by pneumococcus each year.

Goal 2: Improved Health and Wellness for British Columbians

Support British Columbians in their pursuit of better health through protection, promotion and prevention activities.

Objective 2: Identify health status inequalities.

Strategies:	
• Monitor and report on the health status of the population.	Ongoing
• Develop measures and report on health services utilization among specific populations.	Underway

Strategic Highlight: **The distribution of more than 27,000 First Nations Handbooks is a significant step toward improved utilization of services through health planning. Recognizing the failure of the current primary health care system to respond to needs, the effects of geographic dislocation and the challenges of inter-jurisdictional issues, the ministry and First Nations community worked together to develop a viable strategy to improve access and provide relevant, culturally sensitive information to the community.**

Performance Measures

Measure	2002/03 Target	2002/03 Actual	Comments
Report annually on population health status or a significant health issue.	Annual report produced.	Completed	The Provincial Health Officer's Annual Report 2001: *The Health and Well-being of Aboriginal People in British Columbia* was released in October 2002, providing an update on British Columbia's progress toward the goal of improved health for Aboriginal people. *Public Health Approach to Alcohol Policy: A Report of the Provincial Health Officer* was released May 2002. It was prompted by recent changes to British Columbia's liquor laws.

Goal 2: Improved Health and Wellness for British Columbians

Support British Columbians in their pursuit of better health through protection, promotion and prevention activities.

Objective 1: Identify preventable health conditions and high-risk health behaviors.

Strategies:

• Set expectations to require health authorities to provide effective and targeted prevention programs.	Underway

Performance Measures

Measure	2002/03 Target	2002/03 Actual	Comments
Development of a new *Public Health Act*.	Revision of 3 public health acts (*Drinking Water Protection Act*, *Food Protection Act*, and *Community Care Facility Act*).	Completed	BC continues to play a leading role in public health and safety, introducing a new *Drinking Water Protection Act* and a new *Food Protection Act*. This year also saw significant revisions to an antiquated *Community Care Facility Act* to modernize the regulation of care facilities and support the development of alternative, flexible care options for seniors, such as Assisted Living.
Monitoring with respect to the Provincial Health Officer's recommendations.	Action taken on HIV reporting recommendation.	Completed	HIV was added to the list of reportable communicable diseases under the *Health Act* Communicable Disease Regulation.

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Goal 2: Improved Health and Wellness for British Columbians

Support British Columbians in their pursuit of better health through protection, promotion and prevention activities.

Objective 2: Identify health status inequalities.

Strategies:	
• Monitor and report on the health status of the population.	Ongoing
• Develop measures and report on health services utilization among specific populations.	Underway

Strategic Highlight: **The distribution of more than 27,000 First Nations Handbooks is a significant step toward improved utilization of services through health planning. Recognizing the failure of the current primary health care system to respond to needs, the effects of geographic dislocation and the challenges of inter-jurisdictional issues, the ministry and First Nations community worked together to develop a viable strategy to improve access and provide relevant, culturally sensitive information to the community.**

Performance Measures

Measure	2002/03 Target	2002/03 Actual	Comments
Report annually on population health status or a significant health issue.	Annual report produced.	Completed	The Provincial Health Officer's Annual Report 2001: *The Health and Well-being of Aboriginal People in British Columbia* was released in October 2002, providing an update on British Columbia's progress toward the goal of improved health for Aboriginal people. *Public Health Approach to Alcohol Policy: A Report of the Provincial Health Officer* was released May 2002. It was prompted by recent changes to British Columbia's liquor laws.

Goal 2: Improved Health and Wellness for British Columbians **Support British Columbians in their pursuit of better health through protection, promotion and prevention activities.**	
Objective 3: Identify effective strategies to reduce occurrence of preventable illness, injuries and health risk.	
Strategies: • Determine effective targeted prevention and early intervention strategies and set standards for their delivery.	Underway
• Develop population-based immunization strategies and screening programs with specific emphasis on high-risk populations.	Underway

Performance Measures

Measure	2002/03 Target	2002/03 Actual	Comments
Priority programs developed for prevention and protection.	Complete consultation on priority programs for health authorities.	Underway	The interest of a broad diversity of health stakeholders in this important initiative has led to an expanded consultation process. As BC moves to modernize a *Public Health Act* originally drafted in the 1940s, considerable interest in how current and future public health challenges should be addressed has been generated. The need for a contemporary platform, a consistent framework and strong accountabilities for activities such as immunization, health promotion and protection, are driving the creation of a contemporary, high-quality Act that reflects the evolving nature of public health in BC.

Goal 3: A Sustainable, Affordable Health Care System **A planned, efficient, affordable and accountable public health system, with governors, providers and patients taking responsibility for the provision and use of these services.**	
Objective 1: Better planning and management of the health care system.	
Strategies: • Develop a comprehensive long-term health plan that includes: Human Resources Strategy; Hospital Facilities Plan; an Intermediate and Long-Term Care Facilities Plan; a Medical Machinery and Equipment Plan; an Information Technology Plan; a Rural and Remote Health Initiative; and an Electronic Health Record (EHR).	Underway
• Review the Medical Services Commission structure and recommend new structures as appropriate.	Underway

Key Achievement: Long-Term Health Plan

The Directional Plan for a Sustainable Public Health Care System currently under development, will be the overarching framework for all planning activities in the Ministry of Health Planning. While the Picture of Health outlined the future direction for the health system, the Directional Plan will detail how that direction will be achieved from a policy and organizational perspective, based on an analytic review of best practices, evidence and experiences from other jurisdictions.

In 2002/03 the ministry completed the analytical foundations for the long-term directional plan for a sustainable, public health care system, including: an industry analysis with national and international comparisons of BC's system, and expert panel sessions to gather input and advice from provincial, national, and international experts on major issues facing BC. In 2003/04 the ministry will build on these foundations to complete the comprehensive long-term directional plan.

Goal 3: A Sustainable, Affordable Health Care System A planned, efficient, affordable and accountable public health system, with governors, providers and patients taking responsibility for the provision and use of these services.	
Objective 2: A health system accountable at every level.	
Strategies: • Establish a comprehensive accountability and performance management strategy for health authorities and other providers.	Completed

Key Achievement: How healthy are we?

With the release of the Health Indicator report "How healthy are we?" (available on the Ministry of Health Planning Website) in September 2002, British Columbians for the first time had comprehensive information on how our public health care system compares to those of the other provinces and territories. This report builds on the 2000 agreement by Canada's Premiers and Prime Minister to report consistently across the country on how our health care system is performing. The report provides information on everything from life expectancy and infant mortality to surgery wait times and teen smoking. The provincial government is making innovative changes to health care in British Columbia to put patients first and to build a more sustainable, effective health care system. Reports like this one demonstrate the government's commitment to transparency and accountability in reporting on the state of BC's health care system and assist in illustrating the strengths and weaknesses of the health system, what needs improvement, and what's working well.

Goal 3: A Sustainable, Affordable Health Care System

A planned, efficient, affordable and accountable public health system, with governors, providers, and patients taking responsibility for the provision and use of these services.

Objective 3: Reduce the burden of cost on the public system.

Strategies:	
• Develop common methodologies for costing and monitoring the economic impact of diseases.	Underway
• Within the framework of the *Canada Health Act* (CHA), develop a regulatory framework to support private sector involvement in capital financing, selected areas of service delivery and in the implementation of information technology services.	Completed
• Explore options for increased patient-participation in non-CHA services (i.e. user fees and co-payments based on ability to pay) that improve the utilization of services and allow services to be improved.	Completed
• Participate in multi-lateral and bi-lateral negotiations to restore full federal funding to the provinces, and identify and pursue opportunities for collaboration with other provinces and the federal government in pharmaceuticals, health human resources, home and community care and information technology.	Ongoing

Performance Measures

Measure	2002/03 Target	2002/03 Actual	Comments
Development of common methodologies for costing and monitoring.	Develop methodologies.	Completed	This year the ministry developed a common methodology to monitor and track costs and applied this to diabetes and congestive heart failure in the form of business cases and report card templates.
Establishment of a regulatory framework to ensure appropriate utilization of the private sector in the provision of health care.	Policy framework completed.	Completed	The ministries examined practice across the country and completed the Patient Services Delivery Policy Framework. This sets out the parameters for health authorities to contract with private clinics to provide clinical services, while complying with the *Canada Health Act* and other relevant provincial legislation, and ensuring quality, cost-effectiveness, and accountability requirements are met.
Percentage of the population appropriately insured for prescription drug costs.	Increase toward 100%.	Underway	This year saw the introduction of Fair PharmaCare, designed to provide more equitable access to financial assistance for prescription costs and medical supplies on the basis on need. Note: Starting in 2003/04, this indicator will be moved to the Ministry of Health Services to reflect the transition of Fair PharmaCare from a planning activity to an ongoing service.

Deregulation

2002/03 Target	2002/03 Actual	Variance
2%	1.3%	.7%

The three-year deregulation plan for the Ministry of Health Planning includes the target of two per cent reduction in regulatory burden in 2002/03. The Ministry achieved a 1.3 per cent reduction, slightly below the 2002/03 target, primarily resulting from the need for additional consultation around the *Health Professions Amendment Act, 2003.*

It is anticipated that the Ministry will meet its 2003/04 target — a reduction of 10 per cent in regulatory requirements — largely due to the significant changes in the regulatory framework for health professions.

Report on Resources

2002/03 Resource Summary by Core Business Area

	Estimated	Other Authorizations	Total	Actual	Variance
Operating Expenses ($000)					
Planning, Policy and Legislation	7,278	—	7,278	7,114	164
Strategic Change Initiatives	1,524	—	1,524	1,496	28
Office of the Provincial Health Officer / Population Health and Wellness	7,393	—	7,393	6,964	429
Minister's Office	438	—	438	379	59
Total	**16,633**	**—**	**16,633**	**15,953**	**680**
Full-time Equivalents (FTEs)					
Total	**135.0**	**0.0**	**135.0**	**129.1**	**5.9**
Ministry Capital Expenditures (CRF) ($000)					
Planning, Policy and Legislation	—	—	—	—	—
Strategic Change Initiatives	—	—	—	—	—
Office of the Provincial Health Officer / Population Health and Wellness	—	—	—	—	—
Minister's Office	—	—	—	—	—
Total	—	—	—	—	—
Consolidated Capital Plan Expenditures (CCP) ($000)					
Planning, Policy and Legislation	—	—	—	—	—
Strategic Change Initiatives	—	—	—	—	—
Office of the Provincial Health Officer / Population Health and Wellness	—	—	—	—	—
Minister's Office	—	—	—	—	—
Total	—	—	—	—	—
Other Financing Transactions ($000)					
Receipts	—	—	—	—	—
Disbursements	—	—	—	—	—
Net Cash Source (Requirements)	—	—	—	—	—

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Planning, Policy and Legislation	—	—	—	—	—
Strategic Change Initiatives	—	—	—	—	—
Office of the Provincial Health Officer / Population Health and Wellness	—	—	—	—	—
Minister's Office	—	—	—	—	—
Total	—	—	—	—	—
Consolidated Capital Plan Expenditures (CCP) ($000)					
Planning, Policy and Legislation	—	—	—	—	—
Strategic Change Initiatives	—	—	—	—	—
Office of the Provincial Health Officer / Population Health and Wellness	—	—	—	—	—
Minister's Office	—	—	—	—	—
Total	—	—	—	—	—
Other Financing Transactions ($000)					
Receipts	—	—	—	—	—
Disbursements	—	—	—	—	—
Net Cash Source (Requirements)	—	—	—	—	—

2002/03 Resource Summary Mirroring the *Estimates* Vote Structure

	Estimated	Other Authorizations	Total	Actual	Variance
Operating Expenses ($000)					
Minister's Office	438	—	438	379	59
Planning, Strategic Initiatives and Reporting	16,195	—	16,195	15,574	621
Total	**16,633**	**—**	**16,633**	**15,953**	**680**
Full-time Equivalents (FTEs)					
Total	**135.0**	**0.0**	**135.0**	**129.1**	**5.9**
Ministry Capital Expenditures (CRF) ($000)					
Minister's Office	—	—	—	—	—
Planning, Strategic Initiatives and Reporting	—	—	—	—	—
Total	—	—	—	—	—
Consolidated Capital Plan Expenditures (CCP) ($000)					
Minister's Office	—	—	—	—	—
Planning, Strategic Initiatives and Reporting	—	—	—	—	—
Total	—	—	—	—	—
Other Financing Transactions ($000)					
Receipts	—	—	—	—	—
Disbursements	—	—	—	—	—
Net Cash Source (Requirements)	—	—	—	—	—

2002/03 Resource Summary Mirroring the *Estimates* Vote Structure

	Estimated	Other Authorizations	Total	Actual	Variance
Operating Expenses ($000)					
Minister's Office	438	—	438	379	59
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Total	**135.0**	**0.0**	**135.0**	**129.1**	**5.9**
Ministry Capital Expenditures (CRF) ($000)					
Minister's Office	—	—	—	—	—
Planning, Strategic Initiatives and Reporting	—	—	—	—	—
Total	—	—	—	—	—
Consolidated Capital Plan Expenditures (CCP) ($000)					
Minister's Office	—	—	—	—	—
Planning, Strategic Initiatives and Reporting	—	—	—	—	—
Total	—	—	—	—	—
Other Financing Transactions ($000)					
Receipts	—	—	—	—	—
Disbursements	—	—	—	—	—
Net Cash Source (Requirements)	—	—	—	—	—

Summary of Other Planning Processes

Information Resource Management Plan and Human Resources Management Plan

The Ministry of Health Services provides corporate support for information resource management planning and human resources planning for both ministries. For brevity, we have included the status update on these plans in the Ministry of Health Services' Annual Service Plan Report (see page 61).

Appendix 1: Acts under the Administration of the Minister of Health Planning

Chiropractors Act
Dentists Act
Emergency Contraceptive Access Act
Health Act, ss. 2 to 7
Health Emergency Act — ss. 6-9, and 14(2)(a) and (b)
Health Professions Act
Health Research Foundation Act (Repealed July 12, 2002)
Hearing Aid Act
Marriage Act
Medical Practitioners Act
Medicare Protection Act, ss. 3-6
Name Act
Nurses (Registered) Act
Optometrists Act
Pharmacists, Pharmacy Operations and Drug Scheduling Act, except Part 8 and ss. 37-39
Podiatrists Act
Seniors Advisory Council Act
Tobacco Damages and Health Care Costs Recovery Act
Tobacco Sales Act
Vital Statistics Act
Wills Act — Part 2

Appendix 2: Professions Regulated by the Minister of Health Planning

Acupuncturists
Chiropractors
Dental Hygienists
Dental Technicians
Dentists
Denturists
Dietitians
Emergency Medical Assistants
Hearing Aid Dealers (including audiologists in private practice)
Licensed Practical Nurses
Massage Therapists
Medical Practitioners
Midwives
Naturopaths
Occupational Therapists
Opticians
Optometrists
Pharmacists
Physical Therapists
Podiatrists
Psychologists
Registered Nurses
Registered Psychiatric Nurses
Traditional Chinese Medicine Practitioners

Appendix 3: 2002/03 Legislative Changes

Health Planning Statutes Amendment Act, 2002 (Bill 19)

This Bill made minor amendments to the following statutes:

- *Name Act*
- *Vital Statistics Act*, and
- *Survivorship and Presumption of Death Act.*

It also provided for the dissolution of the Health Professions Council, the Seniors Advisory Council, the Board of Hearing Aid Dealers and Consultants, and the Emergency Medical Assistants Licensing Board.

Vital Statistics Amendment Act, 2002 (Bill 68)

This Bill updated the *Vital Statistics Act* to reflect existing business practices of the Vital Statistics Agency and to ensure that the legislation reflects the designation of the Agency as a special operating agency. The amendments also allowed hospitals to report births if the attending physician or nurse is not available to sign birth notices. It also facilitated the collection of vital event information across the province and repeals obsolete provisions.

Deregulation/Miscellaneous Amendments

Deregulation Statutes Amendment Act, 2002 (Bill 8)

Deregulation Statutes Amendment Act (No. 2), 2002 (Bill 35)

As part of government's deregulation initiative, portions of these Bills repealed the *Supplement to the Health Act*, the *Health Research Foundation Act*, and Part 3 of the *Hospital Act*. Minor amendments were also made to the *Name Act*, *Wills Act*, and the *Vital Statistics Act*.

Miscellaneous Statutes Amendment Act (No. 2), 2002 (Bill 54)

This Bill amended the *Mental Health Act* by amending the composition of review panels. The Minister of Health Services appoints all review panel participants to a board whose chair will then select the three persons for each review panel, including a designated patient representative.

Appendix 4: Update on *New Era* Commitments

New Era Commitment	Status	Action
Ensure that BC health care is universal, accessible, portable, comprehensive and publicly administered, consistent with the five principles of the *Canada Health Act*.	Ongoing	Health authorities have established three-year health service plans to renew and reform patient services in each region in accordance with CHA principles.
Establish provincial health standards that ensure all citizens in every part of the province are entitled to equitable, reliable, high quality health services.	Done	Province wide standards have been established for emergency, acute care, and specialty services.
Develop performance measures that are annually audited and publicly reported for each health standard, to ensure provincial and regional health authorities are accountable for fulfilling their duties to provide the prescribed levels of patient care.	Done	Performance agreements have been developed with each health authority, which define expectations and measures for three fiscal years.
Ensure that appointees to regional health boards are representative of their communities' needs and accountable for their performance in meeting provincial health standards.	Done	Six new health authorities have been established, new boards appointed, and new accountability contracts and measures established.
Work to minimize inter-jurisdictional overlaps that are adding confusion and costs to health care delivery.	Done	The number of health authorities has been reduced from 52 to 6, to provide greater efficiency and coordination within regions.
Negotiate with the federal government to restore all of the health care funding withdrawn through budget cuts.	Ongoing	The First Ministers Accord on Health was completed in February 2003. The Accord will result in an increase in federal funding for health services.
Work with doctors, pharmacists and others to find a cost effective alternative to reference based pricing.	Ongoing	Government has accepted the recommendations of an independent panel (December 2002) to conduct a comprehensive review of PharmaCare and to work with pharmaceutical companies in identifying alternatives.

New Era Commitment	Status	Action
Work with front line health care professionals to act on their ideas for maximizing the value to patients of every health dollar spent.	Ongoing	The Dialogue on Health in October 2001 brought together 140 professionals, administrators and other experts. The Legislature's Select Standing Committee on Health held hearings in 10 communities, and received 700 submissions for its December 2001 report on health care renewal. MOHP's Chief Nurse Executive has met nurse groups around the province. MOHP's planning process includes input from provincial, national and international experts in service delivery.
Launch a massive recruitment drive to bring non-practicing RNs and LPNs back into our health care systems.	Underway	The government's nursing strategy helped BC gain 538 new practicing nurses in 2002. During the year, 195 nurses were provided grants to take nursing refresher programs to re-enter the nursing field. In the last two years, over 500 nurses have been supported through this initiative.
Provide assistance and opportunities to help nurses develop the specialized skills needed in intensive care units, emergency rooms and operating rooms.	Ongoing	The 2001 nursing strategy provided 315 nurses with specialty training in critical and emergency care. In 2002, a further $2.8 million was provided for specialty and ongoing education, which supported several hundred additional nurses with their continuing education needs.
Expand training programs for care aides, licensed practical nurses and registered nurses, in collaboration with our universities, colleges and institutions.	Ongoing	The number of new RNs, LPNs, RCA and other Allied Health Student spaces increased from 2001/02 by 682.
Increase training spaces and recruitment of foreign-trained nurses and physicians.	Ongoing	In 2002, there was an increase of 31% in the number of foreign nurses who became RN's in British Columbia. HealthMatch BC has been active in overseas recruiting. In addition, 106 qualified foreign nurses have been nominated for positions in BC since 2001 through the Provincial Nominee Program. Foreign residency positions for doctors have increased at St. Paul's Hospital in Vancouver.
Increase the number of medical school graduates over the next five years.	Underway	A new provincial medical school is being established, with campuses at UBC, UNBC and UVic. Medical school spaces will almost double, from 128 to 224, by 2005.

New Era Commitment	Status	Action
Increase the number of residency positions in BC hospitals over in the next five years.	Ongoing	Following the new provincial medical school being established, with campuses at UBC, UNBC and UVic, the health ministries are now working with health authorities and the three universities to expand the residency program in B.C. Expanding the program will help alleviate regional shortages by providing a new pool of student doctors who will complete their residency programs in hospitals outside the Lower Mainland.
Develop a Rural and Remote Training Program that provides forgivable loans to BC students attending accredited nursing and medical schools who agree to practise in a rural or remote community in BC.	Done	The Loan Forgiveness program was established in Aug 2001. In 2002/03, the terms of reference were amended to include LPNs and pharmacists, and to increase the rate of forgiveness up to 33% per year.
Introduce a Rural and Remote Training Support program that provides financial and travel assistance to health care providers who want to update or upgrade their skills and training.	Underway	The $2.8 million identified for specialty and continuing education for nurses was allocated equally to the health authorities, which allowed them to provide education according to their prioritized needs to nurses in both urban and rural and remote areas. Training was also provided for 1,500 new recruits and also part-time personnel for Paramedic Level I upgrades within the BC Ambulance Service.
Establish a Rural and Remote Health Initiative to ensure all families get the care they need, where they live and when they need it.	Underway	New health authorities have been created to improve regional services, training spaces have been expanded, and forgivable loans have been implemented for students who go on to practice in rural communities. In addition, a new medical school has been established in Prince George and the northern and rural incentives and locum program has been strengthened in the agreement with the BCMA.
Develop a rural travel assistance program, to reduce rural patients' transportation and lodging costs to receive treatment that is not locally available.	Under Development	

New Era Commitment	Status	Action
Establish a "Leading Edge Endowment Fund," cost-shared with the private sector, to establish 20 permanent BC Leadership Chairs in the fields of medical, social, environmental and technological research.	Done	The $45 million fund has been launched by government and the first chair established for spinal cord research. This is an initiative led by the Ministry of Advanced Education and the Office of the Premier.
Work with health care professionals, caregivers, administrators, community leaders, patient groups and the public to develop a comprehensive 10-year Health Strategy for BC.	Underway	*The Picture of Health*, produced in November 2002, articulates the government's vision for BC's health care system. MOHP is currently developing the comprehensive 10-year directional plan for the health care system to achieve the vision.
Develop a 10-year human resource plan that properly provides for the training, recruitment and retention of physicians, nurses, specialists and other health care providers in every area of the province, and that addresses critical skills and staffing levels in under-serviced areas.	Underway	Health Human Resource planning has resulted in the implementation of several initiatives to address current provider shortages and improve the long term supply of health care providers. The number of education seats for physicians, nurses and allied health professions has been increased. Recruitment, education, retention, and workplace health strategies continue to be developed with health authorities, educators, professional organizations and unions. MOHP has also established a Western Health Human Resource Planning Forum to coordinate human resource strategies among the western provinces.
Develop an Intermediate and Long Term Care Facilities Plan that addresses the needs of our aging population and frees up existing acute care beds.	Underway	As a first step, government established Independent Living BC to develop 3,500 new independent housing and assisted living units for seniors.
Develop a comprehensive Technology Plan to assist health care professionals in delivering faster, more effective treatment to patients through new information technology and telemedicine.	Underway	As a first step, government is funding $15 million in telehealth programs across BC, together with federal and local partners, including the new BC Telehealth Project launched in February 2002. The programs provide emergency and trauma, pediatric maternity and mental health services for 30 communities.

New Era Commitment	Status	Action
Develop a Hospital Facilities Plan that identifies each health region's key capital requirements and funding priorities.	Underway	As a first step, health authorities are launching a number of capital improvements, including new operating rooms in Surrey, Kelowna and Vernon, and new facilities will be established in Vancouver and Abbotsford.
Develop a Medical Machinery and Equipment Plan that ensures existing medical diagnostic and care equipment is adequately staffed, fully utilized and properly maintained, and that provides for future investments in new equipment and technologies.	Underway	As first steps, 25 new kidney dialysis centers are being established across the province, new defibrillators have been installed on ambulances, and new CT scanner and MRI machines have been installed in a number of hospitals across BC, including Kelowna, Victoria and Nanaimo.